

FILED MAY 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

State File No. 17117

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4434

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		STREET ADDRESS (If rural, give location) <b>3315 Franklin</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Claude</b> b. (Middle) c. (Last) <b>Williams</b>		4. DATE OF DEATH (Month) <b>5</b> (Day) <b>15</b> (Year) <b>55</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 15, 1906</b>
9. AGE (In years last birthday) <b>49</b>		10. AGE (In years last birthday) If UNDER 1 YEAR: Months <b>1</b> Days <b>0</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery, Ala.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wils Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Charlotte Selton</b>	
14. NAME OF HUSBAND OR WIFE <b>Gussie M. Williams</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Nathaniel Williams</b>		ADDRESS <b>5205 Vernon Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia; Acute Left Ventricular Failure.</b> INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Starvation - Malnutrition Multiple Fistulae in Ano</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>491X</b>			
22. I hereby certify that I attended the deceased from <b>4-28</b> , 19 <b>55</b> , to <b>5-15</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>5-15</b> , 19 <b>55</b> , and that death occurred at <b>3:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Frank O. Richards</b>		23b. ADDRESS (Degree or title) <b>M.D.</b> <b>2601 N. Whittier</b>	
23c. DATE SIGNED <b>5-16-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b>		24b. DATE <b>May 20, 1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 19 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>JAS. H. RANDLE &amp; SON</b>		ADDRESS <b>3133 Bell Ave.</b>	

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *S J Johnston*.....

Licensed Embalmer No. *269*.....

P. O. Address *2769th*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.